MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/672812 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1		1		51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9	1		1		1		59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16	1	1					66							
17		1					67							
18	1		1		1		68							
19	1		1		1		69							
20							70							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		4		4		TOTAL IND.							
TOTAL DEP.	15		15		21		TOTAL DEP.							
TOTAL CLAIMS	19		19		25		TOTAL CLAIMS							

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS